STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

| I. Name of Lobi | byist(s) <u>Maura</u> | a M. Westor | <u> </u> | White the second |
|---------------------------------|---|--------------------------------|---|--|
| II. Name of lobi | byist's partnership, firm (| or corporation, if any: | | |
| A | leston + Asso | • | | |
| | (Name of partnership, firm of | or corporation) | | |
| PO BOX | 990 | Concord (Town/City) | NH | 03302 |
| Business Address: | : (Street) | (Town/City) | (State) | (Zip Code) |
| (las) 224-1 | 4077 4 | 03) <u>224 - 4099</u> (Fax) | e-mail Maiura | e MMWaton. on mice |
| (Teleph | none) | (Fax) | | |
| | | | | y file a separate report for |
| reportable expe | ense transactions which a | re not attributable to an | y one client). | |
| All reportab | le transactions occurring in | the months prior to the r | eporting date relative to th | e following client: |
| Dern 1 | Medical and (Full Name of Client | Londonder | m Family Pr | actice |
| | (Full Name of Client | as it appears on the Lobbyic | st Registration Form) | |
| OR | a transportions by the Johky | ist (including the Johnsis | t's family) or the labbying | g firm listed below which are |
| - | particular client. | ist (including the lobbyis | is family), of the footymi | ; in in fisted below which are |
| | | 1 | 1.1 ac ansa 🖯 | |
| IV. Date of Rep. Reports cover: | port April 26, 2017 activity from date of registr | | July 26, 2017 🔲 ::tivity from 4/1/17 to 6/30/17 | , |
| • | October 25, 2017 | / | January 31, 2018 🗆 | |
| | activity from 7/1/17 to | 9/30/17 a | ctivity from 10/1/17 to 12/31. | /17 |
| | e been no fees received a ecked, complete just this for 3301. | | | |
| VI. Check if ad | ditional reports are attac | hed: | | |
| | received fees or made expe | | ddendum A– Fees and E | kpenses |
| ☐ If you have Expense Reimb | paid an honorarium or rein ursement | ibursed expenses, you mi | ast file Addendum B — Re | port of Honorariums or |
| ∐ If you, your | firm, or your family has m | ade political contribution | s, you must file Addendu | m C- Political Contributions |
| | | | | • |
| I have read RSA | | and RSA 664 and hereby | y swear or affirm that the f | foregoing information is true |
| and complete to | the best of my knowledge | and belief. | 10 25 2 | |
| | h) | | 10-75-17 | |
| (Signature of lo | | | (Dat | :e) |
| Maura M | M. Weston | | | ncorn and |
| (Print Name of | loodylstj | | | RECEIVED |

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JAN 09 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| I. Name of Lobbyist(s) Maura M. Weston | |
|--|--|
| II. Name of lobbyist's partnership, firm or corporation, if any: | |
| MM Weston & Associates, PLLC (Name of partnership, firm or corporation) | |
| - · · · · · · · · · · · · · · · · · · · | |
| III. Name of Client Derry Medical and Londonder Family Practice | ry Date |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified abov to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greduced by any expenses: | re that are related, directly or indirectly |
| a) Total of all fees received in this reporting period | a)\$ 18,000 00 |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year) | |
| c) Total of all fees received to date (Add lines a and b) | c) \$ |
| d) Indicate the amount of any such fees that are due, but have not yet been paid | d) \$ |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of being lobbied, purchase of a ceremonial object given to a person being lobbied; an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported. | client and if expenditures are made by may be filed for the lobbyist(s)/firm, he aggregate total of all expenses paid expenses; (b) the aggregate total of all oble: meals purchased during a business ess than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for the ue of greater than \$25, purchase of a ter than \$25, but not greater than \$50, the expense reimbursement, or political |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. | a)\$ 18 act |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. | b) \$ |
| c) Total of all itemized expenditures reported in detail in section VI | a) © |

| d) Total expenses for this reporting period (Add lines a, b and c) | d)\$ | | | |
|---|------------------------------------|--|--|--|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$ | | | |
| f) Total of all expenses year to date | f)\$ 18,000 - | | | |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged. | obbying fees during this reporting | | | |
| Paid to: | Amount: | | | |
| | \$ | | | |
| | \$ | | | |
| | \$ | | | |
| | \$ | | | |
| | \$ | | | |
| | \$ | | | |
| | | | | |
| | | | | |
| Sworn Statement/Affirmation by Lobbyist | | | | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. | | | | |
| MAN | 10-25-17 | | | |
| (Signature of lobbyist) | (Date) | | | |
| Maura M. Weston | | | | |
| (Print Name of lobbyist) | | | | |